ATTACHMENT D PART 4

BP-S354.060 (ECW 94) INTAKE SCREENING (MEDICAL) CDFRM
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

KELLY
LESLIE ROMILE 26864-039
B/M/O/12-17-1962
HT/509 WT/175 HR/BK EY/BN
CUSTODY/IN

Institution	Date Of Arrival	Time of Arrival
FTC-OKL		

Inmate's Name Register Number

M E D I C A L C L E A R E N C E

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

	Yes	No
Meds		✓
Hot Meds		✓
Meds Issued		✓
Dose Given		✓
Lice Seen		✓

Medication Allergies: NKA
Current Medical Status: No Complaints / Complaint of
TB Symptoms: None: Cough, Hemoptysis, Night Sweats, Wt. Loss
Symptoms of Skin Infection: None

Medical Staff Signature	Date	Time
S. Craiger RN K. Koch,RN J. Underwood,RN D. Mann,RN J. Genzer,RN T. Genzer,RN R. Eaton,RN M. Coover,EMT-P	5/24/04	2055

Medical Staff Title Lt. T. Genzer, RN FTC, OKC

Record Copy - Inmate Central File; copy to file
(This form may be replicated via WP) Replace BP-S354(60) of APRIL 1990 and BP-S354 of AUG 1994

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM
NOV 94

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
McKean	7/19/02	1000

Inmate's Name	Register Number
Kelly, Leslie	26864-039

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)

N/A

5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
	7/19/02	1210

Medical Staff Title

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM
NOV 94

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
USP Lewisburg PA	3/15/01	1500

Inmate's Name	Register Number
Kelly, Leslie	26864-039

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
Ivan Navarro	3/15/01	1530

Medical Staff Title Ivan Navarro, P.A.

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990 and BP-S354 of AUG 1994

Printed on Recycled Paper

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
USP Atlanta	2-21-01	

Inmate's Name	Register Number
Kelly, Leslie	26864-039

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☑ yes; ☐ no (Explain)

2. General Population Housing Approved? ☐ yes; ☑ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; ☑ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☑ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☑ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:
NKDA.

Medical Staff Signature	Date	Time
	2/21/01	1900

Medical Staff Title M. Meresee, MLP
USP Atlanta

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

Printed on Recycled Paper

BP-S354.060 INTAKE SCREEN (MEDICAL) CDFRM 1
NOV 94

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution) USP LEWISBURG HEALTH SERVICES UNIT LEWISBURG, PA 17837

Institution	Date of Arrival	Time of Arrival
USP Lewisburg	5/24/02	8:10

Inmate's Name	Register Number
Kelly, Leslie	26864-039

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☐ yes; ☒ no (Explain)

No 715

2. General Population Housing Approved? ☐ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☐ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks: Reviewed Medical Record - Jan. 2002 - PPD done - Negative.

Medical Staff Signature	Date	Time
	5/24/02	9:00

Medical Staff Title ALAMA, FERDINAND N., PA

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990 and BP-S354 of AUG 1994

PRINTED ON RECYCLED PAPER

NAME Kelly, Leslie I.D. 26864-039 DOB 12/17/62 DATE 4/20/05 LOC

CC
"I need new glasses."

MEDS

Hx (HPI, POH) He reads without glasses. He denies that he's been diagnosed with HTN, but the diagnosis is in his chart.

SOCIAL Hx:

FAMILY Hx:

MEDICAL HX

Allergic: NKDA

VA [illegible]	VA CRX	VA [illegible]	VA PH	KERATOMETRY		VA	SPHERE	CYLINDER	AXIS	PRISM	ADD
R 20/40-2	20/		20/		W		R				
L 20/40-2	20/		20/				L				
				FRAME SPECIFICATIONS	M		R				
				50 X 24 / 6.00			L				
TA	18	TIME		PD AND SEG HT	Rx	20/20	R -1.00	-0.50	090		
	18	14:00		65/62 Seg		20/20	L -0.75	-0.75	085		

	OD/OS WNL		ABNORMAL COMMENT
CVF	✓	✓	
EOMs	✓	✓	
Primary Gaze	✓	✓	
Sensory Function			
CONJUNCTIVA			
Bulbar	✓	✓	
Palpebral			
ADNEXA			
Orbit	✓	✓	
Lacrimal Gland			
Lacrimal Drainage	✓	✓	
Preauricular Nodes			
Lids	✓	✓	
PUPILS & IRIS			
Shape	✓	✓	
Reaction	✓	✓	
Size	✓	✓	
SLE CORNEA			
Epithelium	✓	✓	
Stroma	✓	✓	
Endothelium	✓	✓	
Tear Film	✓	✓	

	OD/OS WNL		ABNORMAL. COMMENT
SLE AC			
Depth	✓	✓	
Clarity	✓	✓	
SLE LENS			
Clarity	✓	✓	
Ant/Post Capsule	✓	✓	
Cortex	✓	✓	
Nucleus	✓	✓	
FUNDUS			Dilated ? ✓ M ✓ N ✓ C
Optic Disk Size	✓	✓	
C/D Ratio	✓	✓	
Appearance	✓	✓	
Nerve Fiber Layer			
Vitreous	✓	✓	
Macula	✓	✓	
Retina	✓	✓	
Periphery			
MENTAL STATUS			
Orients PPT			cups are 0.4/0.4
Mood or Affect			negative retinopathy

IMPRESSION, Dx

Obtuse. Presbycusis? Anterior and posterior segments are within normal limits. Compound myopic presbyope who can read without glasses and prefers to do so.

PLAN, Tx

Wrote Rx for distance only glasses. RTC in a year to follow retinas.

[signature]

E. Mayes Kendrick, O.D.

MEDICAL RECORD | CONSULTATION SHEET | NSN 7540-00-634-41

REQUEST

TO: ortho | FROM: [illegible] | DATE OF REQUEST: 8/13/[illegible]

REASON FOR REQUEST (Complaints and findings)

Follow up visit ( ) (R) [illegible] 5th finger distal

Medication Allergies: | Current Medications: phalanx Fx

PROVISIONAL DIAGNOSIS:

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HRS ☐ EMERGENCY
[signature]			

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO | PATIENT EXAMINED ☐ YES ☐ NO

Consultant's findings and recommendations:

41 y/o with inj right little finger ~ 3 mo ago

Exam: Mallet deformity right little finger

Xray avulsion distal [illegible] phalanx

Imp: [illegible] Mallet avulsion fx right little finger

Rec: Repair avulsion / Mallet finger right little finger

Return to FCI Jesup Health Services with escorting officer. Thank you.

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

SIGNATURE AND TITLE: [signature] Dr. Douglas Hein, Orthopedic Surgeon FCI/FPC-JESUP, GA | DATE: 8/[illegible]/04

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

[illegible]

CONSULTATION SHEET Medical Record STANDARD FORM 513 [illegible]

Contact Telephone Number: 912-427-0870 x 435 FAX: 912-427-[illegible]

Prescribed by GSA/ICMP, FIRMR [illegible]

FCI/FSL/FPC Jesup, GA

REQUEST

TO: Optometrist - Dr. Howard

FROM: (Requesting physician or activity) Dennis Olson, MD, CHP

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

Eye Exam

Subjective:

LATE 1/2 hour - CJH 12/4/02

~~Did not appear for scheduled appointment~~

PROVISIONAL DIAGNOSIS

blur @ far - had glasses age 35

DOCTOR'S SIGNATURE Dennis Olson MD

D. Olson, MD
Clinical Director

APPROVED

PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO

PATIENT EXAMINED ☑ YES ☐ NO CJH 12/4/02

Visual Acuity Distance OD 20/30 - OS 20/40 TONOMETRY: OD OS

Near OD .37m OS .37m / uncorrected

External Normal (7

Internal

Refraction OD -.25 -.75 x 90 20/20
OS -.50 -.75 x 90 20/20

GP 122 46

Diagnosis CMA

Analysis requires reglasses for distance vision

Plan order BVP eyeglasses

(Continue on reverse side)

SIGNATURE AND TITLE Christian J. Howard OD

REVIEWED BY: [signature] 12/4/02
H. BEAM, MD
FCI McKEAN

DATE 12/4/02

IDENTIFICATION NO. | ORGANIZATION FCI/FPC McKean | REGISTER NO. 26864-039 | WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries, include last, first, middle initial, and number of medical facility)

Kelly, Leslie

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 7-76)
Prescribed by GSA/ICMR

Eyegla[illegible] Prescription

DATE

TRAY NO.	ARRIVAL DATE		PRESCRIPTION NO.

INSTITUTION:

CITY

STATE ZIP

LENSES			
EXTRA			
FRAME OR MTG			
MISC			

		SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN	OUT
DISTANCE	R	-.25	-.75	90				
	L	-.50	-.75	90				
ADD	R							
	L							

SEGMENT INSTRUCTIONS

HEIGHT	WIDTH	INSET	PUPILLARY WIDTH
R		R	DIST.
L		L	NEAR

SEG. STYLE

ORTH. F TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	STRAIGHT TOP	OTHER.
22		22	22-24	22-25		22 28 45 25 35	

FRAME OR SHAPE		EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE

Mail to:
Federal Prison Industries
Box 100
Butner, N.C. 27509

SPECIAL INSTRUCTIONS
( ) LENS ONLY
( ) FRAMES ONLY

SIGNATURE DATE

USP LVN

Printed on Recycled Paper

BP-357(60)
MAY 1984

Kelly OP A 11

BILL TO:
DIANE CALDWELL
FCI MCKEAN HEALTH SV
RT 59 ...
LEWIS RUN
PA 16738

PATIENT NAME	CUST. NUMBER	INVOICE NUMBER
~~26864-039 LI-7 110666~~	~~PO: RB~~	~~149306~~

Tray No.	Date Processed	
9553	12/16/2002	12/30/2002

	Sphere	Cylinder	Axis	Prism	Base Curve
R. EYE	-0.25	-0.75	90		6.0
L. EYE	-0.50	-0.75	90		6.0

	Add	Width	Height
R. EYE			0.0
L. EYE			0.0

	P.D.	N.P.D.
R. EYE	67.0	
L. EYE	67.0	

FRAME DATA

Size	Depth	E.D.	D.B.L.
48.0	40.0	48.0	20.0

Model: [illegible] TMPL. Length: [illegible]

73-74

EDGED [x] UNCUT [ ] LENS ONLY [ ] ENCLOSED [ ] TO COME [ ] SUPPLIED [x]

LENS DATA

Type	Material
[illegible] POLY [illegible] SENTEX [illegible]	

CHARGES

DESCRIPTION	PRICE
RIGHT LENS	
LEFT LENS	
73-74	
SAFETY	

FDA CODE SEC. 3, 84, 21 CFR

THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84. 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.

NOTE FOLLOWING EXCEPTIONS

(1) PLASTIC: Mfr. certifies lenses ground to specifications are impact resistant within FDA code.
(2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing.
(3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.

COMMENTS:

[illegible]

X Kelly

NO Temp

RP

Sub Total	
Freight	
Total Due	

FROM: 110666 9306

POSTMASTER
IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.

SHIP TO:
FCI MCKEAN HEALTH SV
[illegible]
[illegible]

** LIMITED OFFICIAL USE **

PSYCHOLOGY SERVICES INTAKE SCREENING SUMMARY

Date .....: July 19, 2002
Inmate .....: KELLY, LESLIE
Reg. No ....: 26864-039

Author .....: JANISE A. HINSON, PH.D.
Title .....: CLINICAL PSYCHOLOGIST
Institution : FCI MCKEAN

TREATMENT/MENTAL HEALTH HISTORY:

Inmate KELLY reported the following:

In-patient treatment: none
Out-patient treatment: none
Suicide Attempts: none
Violence: accessory to murder of govt wit; asslt w/great bodily harm

MENTAL STATUS:

During the screening interview no mental status items were noteworthy. His psychological stability for custody is judged to be FAVORABLE.

DRUG ABUSE HISTORY:

Inmate KELLY does not report a history of substance abuse.

PROGRAM/TREATMENT RECOMMENDATIONS:

No programs/treatment are recommended at this time.

COMMENTS:

Inmate is a 39 y/o single African American male with a 120 months sentence for accessory after the fact in the retaliation against a witness (accessory to the murder of a government witness) . Inmate has the following prior offenses: assault with great bodily harm, DUI; pending charge of felonious assault. The inmate denies any history of mental health problems or treatment. The inmate denies signs and symptoms of a severe mental illness, including hallucinations in any modality and denies bizarre beliefs including persecutory ideation or grandiose ideation. The denies any problems with eating or sleeping. The inmate denies homicidal and/or suicidal ideation. The inmate denies any family history of suicide. The inmate denies any recent or current substance abuse, but does have a DUI conviction. The inmate denies any need for substance abuse treatment or need for psychological services.

Dx: Axis I: R/O Alcohol Abuse

Axis II: Antisocial Personality disorder

7-19-02

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

PSYCHOLOGY SERVICES
INMATE QUESTIONNAIRE

Entered 7-19-02

1. First Name	2. Last Name	3. Register Number
Leslie	Kelly	26864039

4. Today's Date	5. Housing Unit	6. Case Manager	7. Date of Birth
7-19-02	BB		12-17-62

8. Sex	9. Race	10. Marital Status
Male ✓	White ___ Black ✓	Married ___ Common Law ___ Single ✓
Female ___	Asian ___ American Indian ___	Divorced ___ Separated ___ Widowed ___

11. Number of Children	12. Ages of Children	13. Highest Grade Completed in School
2	8 - 18	10

14. Main Occupation	15. Hometown/State/Country

16. Have you ever served in the military?	17. Current Offense/Charges	18. Sentence Length
Yes ___ No ✓	Accessory after fact	10 Months

19. Time Already Served on Sentence	20. Total Time in Jail and Prison During Life
38 mo. USP - Lewisburg	

21. Have you ever received treatment for a nervous or mental problem? Yes ___ No ✓

22. If yes, when?

23. If yes, where?

24. Have you ever taken or are you now taking any medication for a nervous or mental problem? Yes ___ No ✓

25. If yes, when?

26. If yes, what medication(s)?

NO SI OR HI
NO Halluc.
NO delus.

27. Have you ever seriously considered suicide? Yes ___ No ✓

28. Have you ever attempted suicide? Yes ___ No ✓

29. Are you seriously considering suicide now? Yes ___ No ✓

30. Have you ever committed a violent act such as an assault, rape, armed robbery, or murder? Yes ___ No ✓

31. Have you ever received any incident reports for fighting or assault while you were locked up? Yes ___ No ✓

CONTINUED ON REVERSE SIDE

32. Have you ever been accused of threatening a government official? Yes ___ No ✓

33. Check any of the following you used in the two years before arrest:

___ Amphetamine/Speed	___ Heroin/Morphine	___ Marijuana
___ Glue/Solvent/Inhalants	___ LSD/Psychodelics	✓ Tobacco
___ Sleeping Pills/Sedatives	___ Cocaine/Crack	✓ Alcohol Ik/
___ Tranquilizers/Valium	___ PCP	___ Other

34. Have you ever experienced a serious head injury? Yes ___ No ✓

35. If yes, were you unconscious? Yes ___ No ___

36. Have you ever experienced a seizure? Yes ___ No ✓

37. Do you have any serious medical conditions or concerns at this time? Yes ___ No ✓

38. If yes, describe briefly: I have a BAD allergic sinus problem

39. Check any of the following which you have experienced during the last 2 weeks:

___ Nervousness/Tension/Anxiety Ok	___ Relationship Problems
___ Depression Ok	___ Loss of Appetite Ok
___ Sleeping Problems Ok	___ Feeling Hopeless
___ Memory Problems	___ Concentration Problems
___ Dizziness	___ Severe Headaches
___ Racing Thoughts	___ Hallucinations

___ Other Describe —

~~I~~ Is interested in DAP

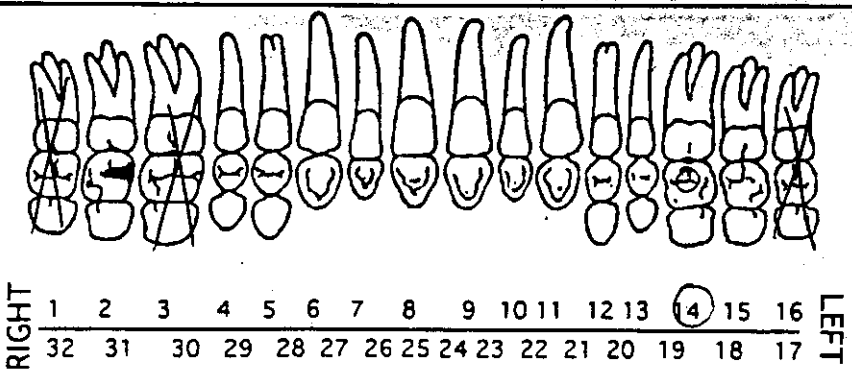
40. Do you desire psychological services at this time? Yes ___ No ✓

41. Signature [signature] Date ___

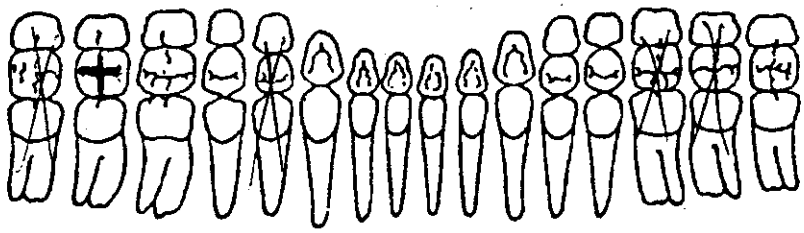
BP-S618.060 CLINICAL DENTAL RECORD CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

Examination: ☐ Screening ☐ Comprehensive ☑ Periodic



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 (14) 15 16 LEFT
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Occlusion: Class I

Oral Hygiene: Good (Fair) Poor

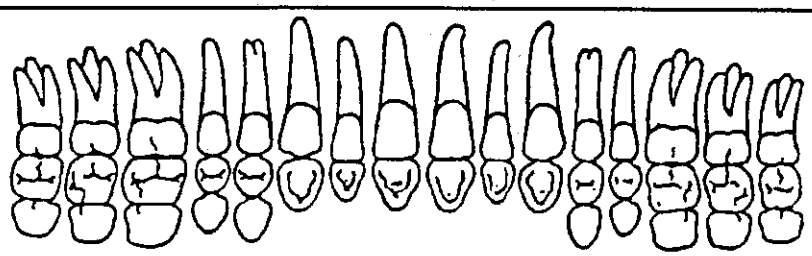
CPITN: 2 | 2 | 2
2 | 2 | 2

Head & Neck/Soft Tissue: WNL

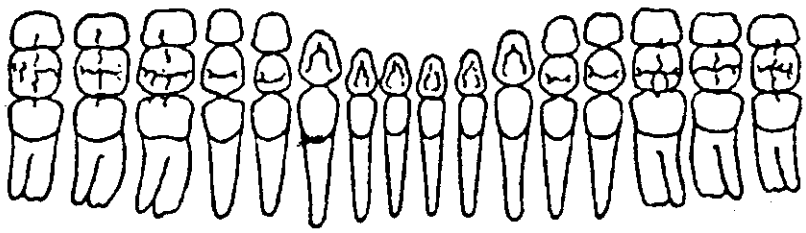
Additional Findings

D: 1
M: 7
F: 2

Treatment Completed



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Recommended Treatment Plan

☑ Radiographs

☑ Dental Prophylaxis
☑ Oral Hygiene Instruction

☐ Periodontal Evaluation 0 I (II) III

☑ Oral Surgical Procedures

☑ Endodontic

☐ Restorative #14 C

☑ Prosthodontic Evaluation

Patient Name [redacted] Number [redacted] Sex: M F Age: [redacted]

Dentist Signature: [signature] Date: 8-30-04
MARTIN GUIA, DDS
FCI/FPC Jesup, GA

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
8/30/04		Hx V S: cl have a cavity.
S/C 0850		O: Pt. reports being told at other facility to have caries & would like tooth restored. Occlusal caries present #14, Currently asymptomatic. Radiograph taken.
		A: Occlusal caries #14
		P: Periodic exam performed. RTC for gen. #14
		MARVIN GUIA, DDS. FCI/FPC Jesup, GA DHY
9/2/04		Hx V Occlusal Tytn analgesia #14, 2.7cc
C/O 0945		4% Citanest 1:200,000 epi. Retained
		MARVIN GUIA, DDS FCI/FPC Jesup, GA DHY
2.1.05		Px; Bw(4); cav ajet; Pretty Good OH;
C 1230		pt states he flosses everyday; L-Sub cal;
		Slight bleeding; Demonstrated brushing flossing;
		inmate receptive to OHI Debra Griffis RDH
		Debra Griffis, RDH FCI/FSL/FPC Jesup, GA

BP-S787.060 DENTAL/MEDICAL HEALTH HISTORY CDFRM
MAY 03
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Language template provided in Spanish, or

1. Are your currently taking any medication? If so, what? For Got the Name Headaches	✓ YES	___ NO
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what?	___ YES	✓ NO
3. Have you been under the care of a physician during the past two years? If so, why?	___ YES	___ NO
4. Have you been hospitalized in the past two years? If so, why?	___ YES	✓ NO
5. Do you have or have you ever had a heart murmur or been treated for a heart condition?	___ YES	✓ NO
6. Have you ever been treated for a tumor, growth, or cancer?	___ YES	✓ NO
7. Have you ever had excessive or prolonged bleeding as a result of a medical condition or medication (ex. Hemophilia or blood thinners)?	___ YES	✓ NO
8. Do you have a latex allergy?	___ YES	✓ NO
9. Do you currently use tobacco products?	___ YES	✓ NO
10. WOMEN ONLY: Are you pregnant?	___ YES	___ NO

Check any of the following that you have had:

___ Congenital heart defects	___ Arthritis	___ Epilepsy or seizures
___ Heart attack or heart problems	___ Artificial heart valve	___ Diabetes
___ Stroke	___ Hepatitis (☐A ☐B ☐C)	___ AIDS or HIV infection
___ Rheumatic fever	___ Any type of transplant	___ Emphysema
___ Mitral Valve Prolapse	___ Steroid treatment	___ Tuberculosis (TB)
___ Anemia (blood problems)	___ Sickle Cell Anemia	___ Psychiatric treatment
___ Thyroid problems	___ Angina	___ Artificial joint
___ Chronic bronchitis	___ High blood pressure	___ Radiation therapy
___ STD (syphilis, gonorrhea, herpes)	___ Heart pacemaker	___ Asthma
___ Angio edema	___ Glucose - 6-phosphate dehydrogenase deficiency	

Do you have any disease, condition, or problem not listed? No

Check any of the following that you have had or applies to you:

___ Sensitive teeth	___ Unusual sounds while eating	___ Burning tongue
___ Bleeding gums	___ Snoring	___ Bad breath
___ Food impaction	___ Blisters on lips or mouth	___ Decayed teeth
___ Pain around ear	___ Clenching or grinding	___ Loose teeth
___ Tooth ache	___ Swelling or lumps in mouth/throat	___ Wear dentures
___ Wear partial dentures		

Printed Name: Leslie Kelly	Signature: Leslie Kelly
Reg. No.: 26864-039	Institution: Jesup
Date of initial review: 8-30-04	Updated:
Updated:	Updated:

CLINICAL RECORD | **DENTAL TREATMENT RECORD (Continuation)**

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
3-15-04	**Continuation of Comprehensive Exam**	
1100 hrs	**1. Charting** **3. Oral Cancer Exam** **2. Oral Exam** **4. Consultation**	J. Colvin DA J. Colvin, D.A. FCI McKean
	Pt to RTC for restorative procedures.	W. K. Collins, DDS CDO FCI McKean

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)
Kelly, Leslie

REGISTER NO. 26864-039 | WARD NO.

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

W. K. Collins DDS

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
10-10-03		SOA: Routine Care pt.
1040hrs		P: Completed H. H, soft tissue exam, assessment, ultrasonic scaled B1 facial, Q2 facial + lingual pt has very tenacious calculus in deep pockets and furcations. Pt ed on brushing. Next @ 1 linguals, Q3+4. Johnna J Schroll RDH Johnna L. Schroll
		W. K. Collins, DDS CDO FCI McKean
10-10-03		SOA: Routine care pt
1045hrs		P. Vert. Bitewings x4 Johnna J Schroll RDH Johnna L. Schroll W. K. Collins DDS
		W. K. Collins, DDS CDO FCI McKean
11-3-03		SOA: Routine care pt
1240hrs		P: Reviewed HH, cursory exam, pt presents w/ very tenacious calculus, Ultrasonic + hand scale @ 1 linguals, @ 3+4, polished w/ coarse paste, f/a tx 4min topical, pt ed on routine care. Next: comp exam w/ Dr. Collins Johnna J Schroll RDH Johnna L. Schroll W. K. Collins DDS
		W. K. Collins, DDS CDO FCI McKean

Language template provided in Spanish: ___, or ___

1. Are your currently taking any medication? If so, what?	___ YES	✓ NO
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what?	___ YES	✓ NO
3. Have you been under the care of a physician during the past two years? If so, why? Chest pain + Headaches	✓ YES	___ NO
4. Have you been hospitalized in the past two years? If so, why?	___ YES	✓ NO
5. Do you have or have you ever had a heart murmur or been treated for a heart condition?	___ YES	✓ NO
6. Have you ever been treated for a tumor, growth, or cancer?	___ YES	___ NO
7. Have you ever had excessive or prolonged bleeding as a result of a medical condition or medication (ex. Hemophilia or blood thinners)?	___ YES	✓ NO
8. Do you have a latex allergy?	___ YES	✓ NO
9. Do you currently use tobacco products? Smoke	✓ YES	✓ NO
10. WOMEN ONLY: Are you pregnant?	___ YES	✓ NO

Check any of the following that you have had:

___ Congenital heart defects	___ Arthritis	___ Epilepsy or seizures
___ Heart attack or heart problems	___ Artificial heart valve	___ Diabetes
___ Stroke	___ Hepatitis (☐A ☐B ☐C)	___ AIDS or HIV infection
___ Rheumatic fever	___ Any type of transplant	___ Emphysema
___ Mitral Valve Prolapse	___ Steroid treatment	___ Tuberculosis (TB)
___ Anemia (blood problems)	___ Sickle Cell Anemia	___ Psychiatric treatment
___ Thyroid problems	___ Angina	___ Artificial joint ✓
___ Chronic bronchitis	___ High blood pressure	___ Radiation therapy
___ STD (syphilis, gonorrhea, herpes)	___ Heart pacemaker	___ Asthma
___ Angio edema	___ Glucose - 6-phosphate dehydrogenase deficiency	

Do you have any disease, condition, or problem not listed? NO
Check any of the following that you have had or applies to you:

___ Sensitive teeth	___ Unusual sounds while eating	___ Burning tongue
___ Bleeding gums	___ Snoring	___ Bad breath
___ Food impaction	___ Blisters on lips or mouth	___ Decayed teeth
✓ Pain around ear (Headache)	___ Clenching or grinding	___ Loose teeth
___ Tooth ache	___ Swelling or lumps in mouth/throat	___ Wear dentures
___ Wear partial dentures		

Printed Name: Leslie Kelly	Signature: Leslie Kelly
Reg. No.: 26864-039	Institution:
Date: 10-10-03	Updated:

(This form may be replicated via WP)

CLINICAL RECORD | **DENTAL TREATMENT RECORD (Continuation)**

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
10/18/02 0930 hrs	SOA: R/V for F/U on pain in lower (L) jaw.	
	Med. Hx. Rev'd: NKDA	
	PEX: Large D cavity on #18	
	occlusal #17 has fractured it.	
	A: #18, Irreversible Pulpitis	
	2° Chronic caries	
	P: Carbocaine 2% ĉ 1:100,000 epinephrine	
	x 3,	
	Elevator + forceps extraction of #18;	
	Stasis achieved, no sutures	
	POIG (Written & verbal - Patient understands)	
	Rx: Continue on meds prescribed 10/16/02.	
	William K. Collins, DDS	W.K. COLLINS, DDS
	FCI McKean	FCI McKean
12/17/02 0830 hrs	S: "My tooth has a dark spot on it." (Patient points to #29)	
	O: Med. Hx. Reviewed: NKDA	
	#29 (-) Percussion, (-) Palpation	
	PSR #29: Small shadow	William K. Collins, DDS

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

Kelly, Leslie

FCI McKean

REGISTER NO. 26524-039

WARD NO.

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

EF

Cont'd Ft McKean

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
12/17/02	O: Mo crown just into dentin	
0830hrs	A: #29, Chronic caries	
	P: Patient advised. Bx written call-outs for his next appointment.	
		W.K. COLLINS, DDS PDO Ft McKean

CLINICAL RECORD | **DENTAL TREATMENT RECORD (Continuation)**

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
09/16/07 1300hrs	S: "My tooth hurt last week and had something black on it." (Patient points to #29)	
	O: Med. Hx. Rev'd: NKDA	
	#29, No caries present clinically ⊖ Percussion, ⊖ Palpation ⊖ Excavation	
	PAX: Questionable on D surface of #29. V/L position of tooth makes it difficult to get straight interproximal "shot".	
	A: #29 WNL	
	P: Advised patient to submit a cop-out requesting to have his teeth cleaned and that he would be called back in 3-4 months for a F/U X-ray. Patient understands.	
		W.K. Collins, DDS Chief Dental

(Continued On Reverse Side)

PATIENTS IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)
Kelly, Leslie

REGISTER NO. 28821-039

WARD NO.

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

HRSA-237 (4/95) (REVERSE)

FCI McKean

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
10/09/02 1120hrs	S: "My tooth was hurting Lipidan and they sent me down here, then. (Patient points to #'s 17 and 18)	
	O: Med Hx Reviewed: NKDA	
	#17, mesially inclined	
	#18, appears normal	
	A: Pain of unknown origins	
	P: Patient to be observed medication and then scheduled for f/u	
10/9/02 Viblette Geza, PharmD. RPh Chief Pharmacist	Rx: Pen VK 500mg x 30, ii q12h, Ibuprofen 800mg x 20, i q8h	
		W.K. COLLINS, DDS CDO FCI McKean
10/16/02 0807hrs	SOA: Request for refill on medication	
	Med. Hx Reviewed: NKDA	
	PI: 3	
	P: Rx: Pen VK 500mg x 30, ii q12h, Ibuprofen 800mg x 20, i q8h	
		W.K. COLLINS, DDS CDO FCI McKean
	10/16/02 Viblette Geza, PharmD Chief Pharmacist	

P.S. 6000.05
September 15, 1999
Attachment IV-F. Page 1

INFORMED CONSENT FOR ORAL MAXILLOFACIAL SURGERY

Procedure: Extraction #18 - Irreversible Pulpitis 2° Chronic caries;

Alternative to surgery:

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

1. Pain
2. Dry socket (Alveolitis)
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or restorations
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures
11. Temporomandibular joint disorder

I have had the opportunity to discuss and to ask questions about my surgery with Doctor: Collins.

I consent to the surgery as described.

Date: 10/18/02 Time: 1043 hrs.

Kelly, Leslie 26864-039
Patient's printed name and number

X Leslie Kelly
Patient's signature

William L. Collins
Doctor's printed name

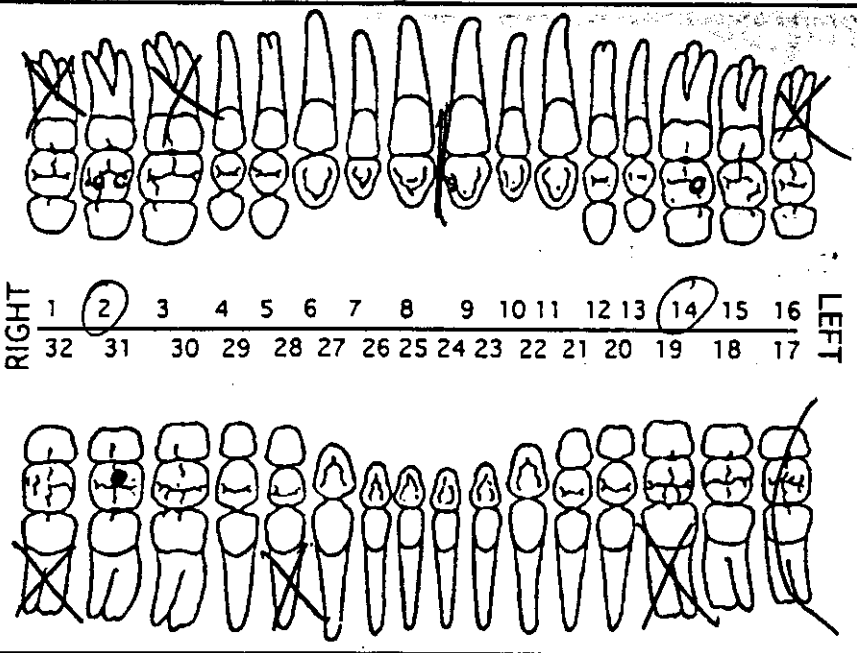
William Collins
Doctor's signature

Witness (Not Required)

Institution: FCI McKean

BP-S618.060 **CLINICAL DENTAL RECORD** CDFRM
AUG 96
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Examination: ☑ Screening ☐ Comprehensive ☐ Periodic



Occlusion: Class I

Oral Hygiene: Good (Fair) Poor

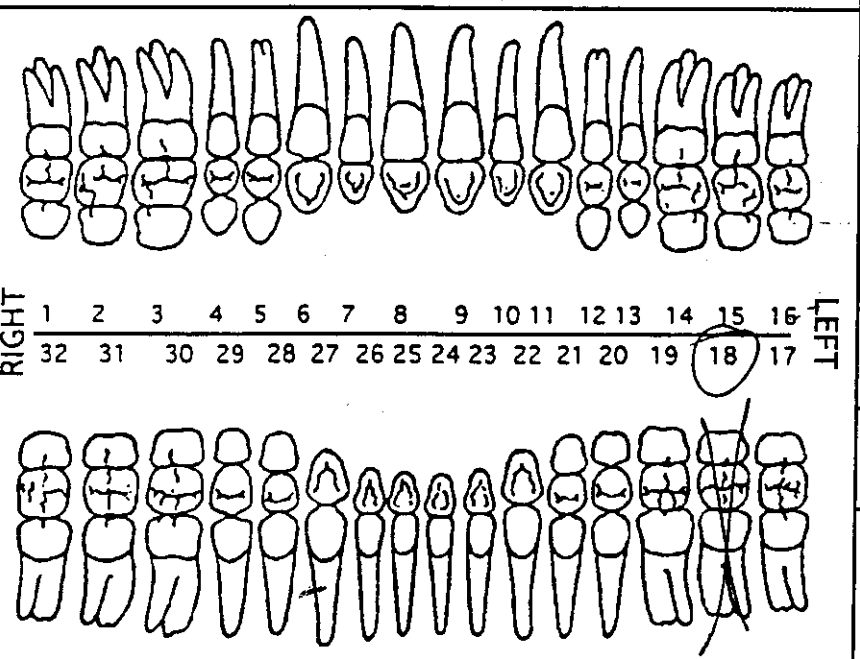
CPITN: 3 | 3 | 3 / 3 | 2 | 3

Head & Neck/Soft Tissue: WNL

Additional Findings

D: 2
M: 6
F: 1

Treatment Completed



Recommended Treatment Plan

☑ Radiographs

☑ Dental Prophylaxis
☑ Oral Hygiene Instruction

☑ Periodontal Evaluation 0 I II (III)

☐ Oral Surgical Procedures
10/18/02 - #18 extracted @ FCI McKean

☐ Endodontic

☑ Restorative
#2
& 14

☐ Prosthodontic Evaluation

Patient Name: Kelly, Leslie Number: 26864-039 Sex: (M) F Age:

Dentist Signature: Reginald Ballard DDS Date: 7-3-01

USP LEWISBURG
HEALTH SERVICES DEPT
LEWISBURG, PA 17837

Reginald Ballard, DDS
Dental Officer

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
S/C 0800 7-3-01		S: "My upper gums are sore" O: Pt points to the upper anterior gingiva; Minimum plaque present c subgingival calculus; ~4-5mm gingival pockets (generalized); Pt doesn't floss. A: periodontal disease P: MHK; A&O completed; Added pt to chart for routine care; OHI given Reginald Ballard, DDS Dental Officer
S/C 0844 1-7-02		S: "Am getting a hole in this tooth" O: Occlusal carious lesion on tooth #2 A: Restorable #2 P: Gave the pt two cartridges of 2% Xylocaine c 1:100,000 epi. Prepared a Cl II mo prep. Applied dycal to the pulpal floor; applied adhesive c catalyst; filled c Tytin F-C amalgam Reginald Ballard, DDS Dental Officer
3-25-02 1000		Pt did not show for prophy appt; will reschedule IX/only. Sheree L Snyder Sheree L Snyder, RDH Dental Hygienist

1. Are you presently taking any medication? If so, what?_____ Yes (No)

2. Are you allergic to or have you had a reaction to any medication or drug? If so, what?_____ Yes (No)

3. Have you been under the care of a physician during the past two years? If so, why?_____ Yes (No)

4. Have you been hospitalized in the past two years? If so, why?_____ Yes (No)

5. When you walk upstairs or take a walk, do you ever have to stop because of pain in your chest, shortness of breath, or because you feel very tired? Yes (No)

6. Do your ankles ever swell during the day? Yes (No)

7. Have you ever been treated for a tumor or growth? Yes (No)

8. Have you ever had abnormal bleeding? Yes (No)

9. Have you had any serious difficulty with any previous dental treatment? Yes (No)

Circle any of the following that you have or have had:

Congenital heart defects
Heart attack or heart trouble
Rheumatic fever
Stroke
Asthma
Anemia(blood problems)
Hepatitis
Thyroid problems
Chronic bronchitis
Venereal disease (syphilis, gonorrhea)
Arthritis
Artificial Heart Valve
Heart murmur
Angina
High blood pressure
Heart pacemaker
Epilepsy or seizures
Diabetes
AIDS or HIV infection
Emphysema
Tuberculosis (TB)
Psychiatric treatment
Artificial Joint Prosthesis

Do you have any disease, condition, or problem not listed? Yes (No)

WOMEN ONLY: Are you pregnant? Yes No

Name Leslie Kelly Reg. No. 26864039

Institution_____ Date 7-3-01

USP LEWISBURG
HEALTH SERVICES UNIT
LEWISBURG, PA 17837

MEDICAL REPORT OF DUTY STATUS

NAME: Leslie Kelly

HOSPITAL REGISTRATION NO.: 26864-639

ADDRESS: CA

INPATIENT	INCLUSIVE DATES OF TREATMENT From: Through:	
OUTPATIENT	DATE	TIME ARRIVED A.M./P.M. / TIME DEPARTED A.M./P.M.
DISPOSITION	Can resume usual occupation — DATE	Can perform limited duties as specified under REMARKS — DATE
	To return to clinic — DATE	To be hospitalized — DATE
	OTHER *(Specify)*	

REMARKS: Idle x 3 days - until 3/4/05

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/SP[illegible]

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER (ASSISTANT, CHAPLAIN, LIBRARIAN)	DATE
FCI Fed Camp	[signature]	2-1-05

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: DATE: 3/22/04
INMATE'S NAME: Kelly, Leslie DETAIL: REG. NO. 26864-039

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

( ) IDLE: Reason _____ THRU 12 MIDNIGHT _____ 19__
(X) CONVALESCENCE: List any restricted activity for medical reasons. _____
_____ THRU 12 MIDNIGHT 3/22/04
( ) RESTRICTED DUTY: Specify exact restriction and reason. _____
_____ THRU 12 MIDNIGHT _____ 19__
( ) TOTALLY DISABLED:
( ) FULL DUTY:

_____
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from wo and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefilte.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: BB DATE: 6-13-03
INMATE'S NAME: Kelly, Leslie DETAIL: Rec Yard REG. NO. 26864-039

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

(X) IDLE: Reason medical THRU 12 MIDNIGHT 6/14/03 19__
( ) CONVALESCENCE: List any restricted activity for medical reasons. _____
_____ THRU 12 MIDNIGHT _____ 19__
( ) RESTRICTED DUTY: Specify exact restriction and reason. _____
_____ THRU 12 MIDNIGHT _____ 19__
( ) TOTALLY DISABLED:
( ) FULL DUTY:

Steven Labrozzi, PA-C
Physician Assistant
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from wor and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefilte.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: BP DATE: 10/18/02
INMATE'S NAME: Kelly, Leslie DETAIL: Unicor REG. NO: 26864-03

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

( ) IDLE: Reason _____ THRU 12 MIDNIGHT _____ 19__
(✓) CONVALESCENCE: List any restricted activity for medical reasons. Oral Surgery THRU 12 MIDNIGHT 10/19/2002
( ) RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19__
( ) TOTALLY DISABLED:
( ) FULL DUTY:

William R. Fallon DDS
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from wor and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefiite.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

UNITED STATES PENITENTIARY
LEWISBURG, PENNSYLVANIA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: F309 DATE: 11-21-01
INMATE'S NAME: Kelly, Leslie DETAIL: UNICOR REG. NO.: 26864-039

MEDICAL CLASSIFICATION STATUS: (Check One)

(✓) IDLE: OFF work THRU 12 MIDNIGHT 11/23, 2001
( ) CONVALESCENT: _____ THRU 12 MIDNIGHT 11/28, 2001
(✓) RESTRICTED DUTY: No Sports activities
_____ THRU 12 MIDNIGHT _____, 20__
( ) MEDICALLY UNASSIGNED: _____

B Prince EMT-P
Physician or Physician Assistant

Beverly Prince, EMT-P

IDLE STATUS – Temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals. No recreation activity.
CONVALESCENT STATUS – Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days. Excused from work with no recreation activities.
RESTRICTED DUTY – Restricted from specific activities because of physical condition. List condition, work limitation, and time period.
MEDICALLY UNASSIGNED – Unassigned due to existing medical condition.

PRINTED ON RECYCLED PAPER

LVN-20-F

BP-S148.055 **INMATE REQUEST TO STAFF** CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TO: (Name and Title of Staff Member)	DATE: 3-23-05
FROM: Leslie Kelly	REGISTER NO.: 26864-039
WORK ASSIGNMENT: Hv.a.c	UNIT: C.A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to have a copy of My Blood test

Leslie Kelly

(Do not write below this line)

DISPOSITION:

Lab dated 3-9-05
attached.

Signature Staff Member	Date
L. Oliver, HIT	3-31-05

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

L. Oliver, HIT
FCI Jesup, GA

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dental	DATE: 2-10-05
FROM: Leslie Kelly	REGISTER NO.: 26864039
WORK ASSIGNMENT: Hvac	UNIT: C A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to be put on the list
To have My teeth Clean

Thank you
Leslie Kelly
26864039

(Do not write below this line)

DISPOSITION:

COP-OUT RECEIVED
NAME PLACED ON THE HYG/TX LIST

MARVIN GULA, DDS
Signature Staff Member GA
Date 2/11/05

Record Copy - File; Copy - Inmate
(This form may be replicated via WP

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

From: James Yurkewicz
To: Oliver, Linda K.
Date: 1/25/2005 1:53:46 PM
Subject: Medical Records - KELLY, Leslie (26864-039)

Linda,

I am the legal liaison at FCI McKean and I'm investigating a tort claim (TRT-NER-2005-01398) filed by an inmate who is now at your facility. The inmates name is KELLY, Leslie, register number 26864-039. Inmate KELLY filed this 5 million dollar claim against our Unicor, claiming he suffers health problems caused by the working conditions. In order for our Health Services to answer his claim, we need a copy of his medical records from 2003 to the present. You can mail them to the address provided below.

Thanks for your attention into this matter.

P.S. - Tell Debbie Forsyth I said hi.

Jim Yurkewicz, Leagl Liaison
FCI McKean
P.O. Box 5000
Bradford, PA 16701

Completed 1-26-05

L. Oliver, HIT

L. Oliver, HIT
FCI Jesup, GA

BP-S148.055 **INMATE REQUEST TO STAFF** CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TO: (Name and Title of Staff Member) Medical Records	DATE: 11-29-04
FROM: Leslie Kelly	REGISTER NO.: 26864-039
WORK ASSIGNMENT: C.M.S - H.V.C.	UNIT: C.A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to have a copy of My Medical Records From - 2001 to 2004 11-29-04 a.s.a.p.

Thank you
Very Much
Leslie Kelly

(Do not write below this line)

DISPOSITION:

attached.

Signature Staff Member | Date

L. Oliver, HIT | 12-1-04

L. Oliver, HIT
FCI Jesup, GA

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISON

TO: (Name and Title of Staff Member) Dental	DATE: 9-13-04
FROM: Leslie Kelly	REGISTER NO.: 26864-039
WORK ASSIGNMENT: ORderly	UNIT: C-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action bein taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like To have My Teeth Cleand
Thank you Very Much Leslie Kelly

(Do not write below this line)

DISPOSITION:

COP-OUT RECEIVED
NAME PLACED ON THE HYG/TX LIST

MARVIN GULA, DDS
FCI/FPC Jesup, GA

Signature Staff Member	Date
	9/13/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

FOOD HANDLERS EXAMINATION SCREENING FORM

FCI / FSL / FPC JESUP, GEORGIA

1. Do you have any history of any of the following within the last 30 days?

   ____Yes __X__No.....Skin Rash

   ____Yes __X__No.....Diarrhea

   ____Yes __X__No.....Respiratory Infection

2. Are you aware of being exposed to any communicable diseases within the past 30 days
   (Hepatitis, HIV, Syphilis, TB, etc)?

   ____Yes __X__No

3. Physical Examination:

   Head: WNL

   EENT: WNL

   Lungs: WNL

   Skin: WNL

4. TB Screening Current: __X__ Yes ____ No

This inmate is APPROVED __X__ DISAPPROVED _____ for food handling.

Name: Kelly, Leslie

Reg. No: 26864-039

Health Care Provider's Signature

9/10/04
Date

Original: Medical Records
Copy: Food Service 9-10-04
Date

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medica	DATE: 8-25-04
FROM: Leslie Kelly	REGISTER NO.: 26864-039
WORK ASSIGNMENT: Orderly	UNIT: C.A 100

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like To HAve A copy of My Blood Test From This Month in August

Thank you Very Much
Leslie Kelly

(Do not write below this line)

DISPOSITION:

Completed.

Signature Staff Member: L. Oliver, HIT
Date: 8-30-04

Record Copy - File; Copy - Inmate
(This form may be r[illegible] WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 **INMATE REQUEST TO STAFF** CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TO: (Name and Title of Staff Member) Dental	DATE: 7-26-04
FROM: Leslie Kelly	REGISTER NO.: 26864-039
WORK ASSIGNMENT: N/A	UNIT: C03-316U HU [illegible]

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like For the Dental to take care of My teeth My Record From McKean will tell you What need to be Done I would like it taken care of Before I get my Parole

IN SPECIAL HOUSING UNIT

Leslie Kelly

(Do not write below this line)

DISPOSITION:

If you have a problem report to dental sick call so that we may properly evaluate you.

MARVIN GUIA, DDS
FCI/FPC Jesup, GA

Signature Staff Member	Date
[signature]	8/3/04

Record Copy - File; Copy - Inmate
This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 88 and BP-S148.070 APR 94

MEDICAL DUTY STATUS (MDS)

WORK/QUARTERS

(✓) REG DUTY
( ) REG DUTY W
( ) NO DUTY

( ) YES F/S
( ) NO F/S

( ) ALLRG/WOOL
( ) ART LIMB
( ) ATH RESTR
( ) COLD/WIND
( ) DRIV RESTR
( ) HEAR RESTR
( ) HGT RESTR
( ) LIMIT SUN
( ) LOWER BUNK

( ) NO DRIVING
( ) NO POLLUT
( ) ORTH SHOES
( ) OTHER - SPECIFY: _____
( ) SMOKE FREE
( ) SOFT SHOES
( ) STAND RSTR
( ) WGT 15, 20, 25 LB

DISABILITY ASSIGNMENTS (see TRM 028-9 (6000) for definitions)

( ) BLIND:	Total Blindness
( ) DEAF:	Total Deafness
( ) HEAR LOSS:	Partial hearing loss
( ) LD:	Learning Disability
( ) MEN ILL:	Mentally Ill
( ) MEN RET:	Mentally Retarded
( ) MISS EXT L:	Missing Lower Extremity. (Legs/Feet)
( ) MIS EXT U:	Missing Upper Extremity. (Hand/Arms)
( ) PARAL LOW:	Partial Paralysis. Lower.
( ) PARAL UPR:	Partial Paralysis. Upper.
( ) PARALYSIS:	Total Paralysis.
( ) TERMINAL:	Terminally Ill.
( ) VISION IMP:	Visual Impairment.
( ) WHEELCHAIR:	Requires Wheelchair.

(✓) NONE: Check NONE if no disabilities.

Paula Walker RN 7-18 04
Health Care Provider Date

Louis Burgos, MD
FCI/FPC Jesup, GA

Physician Signature 7/21/04
Date

FCI FSL FPC JESUP, GEORGIA